



HUMAN RESOURCES

508 E. Monroe
BUCKEYE, AZ 85326
OFFICE: (623) 349-6250
FAX: (623) 349-6270
WEBSITE: www.buckeyeaz.gov

JOB APPLICATION AND INFORMATION TOWN OF BUCKEYE

Thank you for applying with the Town of Buckeye. Below you will find a generalized description of what happens to your application once it has been received in our office. **Please keep in mind that some positions generate significant numbers of applicants, so estimated time frames are purely projected.**

- Position is posted externally with a closing date.
- Applications will **ONLY** be accepted for **OPEN** positions.
- Applications must be received in the Human Resources office no later than **5 p.m. on the closing date.**
- Hiring Department reviews all applications and chooses the most qualified applicants for an interview.
- Interviews are held and a candidate is selected. The selected candidate will be notified within 3 working days.

In most cases 3-4 weeks may lapse between the closing date of a position and the day a job offer is made. We ask that you please be patient during this important process. **Calling the Human Resources office or the hiring department office will not expedite the status of your application.** The Town is dedicated to thoroughly reviewing and considering all applications, which can be a very time consuming project. We appreciate your patience and again, thank you for applying with the Town of Buckeye.

ONLY APPLICANTS SELECTED FOR AN INTERVIEW WILL BE NOTIFIED

***PLEASE REMOVE AND RETAIN THIS PAGE FOR YOUR REFERENCE
PRIOR TO SUBMITTING APPLICATION FOR EMPLOYMENT***



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APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status, or any other legally protected status. A qualified individual with a disability may request a reasonable accommodation during the employment process. *** = Required Information.**
Incomplete applications will not be accepted.

LAST NAME: _____

Position(s) Applied For: _____		
Title	Dept	
Today's Date _____	Job Number: _____	
If you are applying for position of Police Officer, are you Arizona P.O.S.T. Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name	First Name	Middle Name	
Residence Address	City	State	Zip Code
Mailing Address (If different from residence address)	City	State	Zip Code
Telephone Number(s): ()		Cell Phone # ()	

* If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No
☐ N/A

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you currently have a relative(s) employed by the Town of Buckeye? ☐ Yes ☐ No

If so, please identify employee and your relationship. _____

* Have you been convicted of a crime since your 18th birthday, regardless of whether the conviction was later set aside or expunged? ☐ Yes ☐ No

Note: A yes answer will be judged on an individual bases and will not automatically bar you from employment.

Failure to report may render you ineligible for employment.

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

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Do not indicate "See Resume". Failure to complete this page will cause this application to be deemed incomplete and the application will not be considered for employment.

List your most recent employment first and account for all experience within the **last ten (10) years**. Attach a separate sheet if necessary.

1. Employer Name	Dates Employed From: _____	Work Performed
Street Address:	To: _____	
City, State & Zip:	Your Job Title	
Telephone Number ()	Supervisor Name	
Reason for Leaving		

2. Employer Name	Dates Employed From: _____	Work Performed
Street Address:	To: _____	
City, State & Zip:	Your Job Title	
Telephone Number ()	Supervisor Name	
Reason for Leaving		

3. Employer Name	Dates Employed From: _____	Work Performed
Street Address:	To: _____	
City, State & Zip:	Your Job Title	
Telephone Number ()	Supervisor Name	
Reason for Leaving		

4. Employer Name	Dates Employed From: _____	Work Performed
Street Address:	To: _____	
City, State & Zip:	Your Job Title	
Telephone Number ()	Supervisor Name	
Reason for Leaving		

LAST NAME: _____

If the job for which you are applying requires a commercial driver's license do you have a current CDL issued by the State of Arizona? ☐ Yes ☐ No

During the past two (2) years, have you refused to take a pre-employment drug or alcohol test administered by a potential employer for safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules/regulations?

☐ Yes ☐ No

LAST NAME: _____

* Did you graduate from High School Diploma or obtain a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please Indicate highest grade completed _____				
Name of High School / College / University	Major	Type of Degree	Degree Completed	Credit Hours
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List professional organizations that relate to the job for which you are applying.				
OPTIONAL: Indicate any languages other than English which you can speak, read and/or write:				
	FLUENT	GOOD	FAIR	
SPEAK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
READ:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Town Manager as approved by the Town Council.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. **The Town of Buckeye requires drug screening and background checks for new employees.**

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date Signed